

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12811

1. Entity Name

ISOLA & THEISEN INVESTMENT PROPERTIES, INC.

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90013 038 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 941483  
MAITLAND FL 32794-1483  
US

P O BOX 941483  
MAITLAND FL 32794-1483  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3038346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISOLA, ROBERT E., SR.  
235 S MAITLAND AVE  
STE 102  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

557 WYMORE RD. NORTH SUITE 101  
City MAITLAND FL Zip Code 32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ISOLA, ROBERT E., SR.  
STREET ADDRESS 235 S MAITLAND AVE STE 102  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☒ Change ☐ Addition  
NAME 557 WYMORE RD. NORTH, SUITE 101  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME THEISEN, ROBERT W., JR.  
STREET ADDRESS 235 S MAITLAND AVENUE, SUITE 102  
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition  
NAME 1005 ORIENTA AVENUE  
STREET ADDRESS ALTAMONTE SPRINGS, FL 32701  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/2000

CR 03/19/99